

COMPANY OR  
EMPLOYER NAME: CITY OF SHEBOYGAN FALLS

POSITION APPLIED FOR: \_\_\_\_\_

APPLICANT TELEPHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

# Employment Application

YOUR NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?

Yes  No

I AM SEEKING A PERMANENT POSITION:  Yes  No

IF NECESSARY FOR THE JOB I AM ABLE TO:

Work (which shifts)? Select: \_\_\_\_\_

Work overtime: Select: \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodations:

Yes  No

WISCONSIN D.L. \_\_\_\_\_

CDL LICENSE  Yes  No

I WILL BE ABLE TO REPORT TO WORK \_\_\_\_\_ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

EDUCATION:	Yrs. Completed	Field of Study	Graduate or Degree
High School			
College/University			
Business/Technical			
Other (May include grammar school)			

MILITARY SERVICE:  Yes  No

Duty/Specialized Training: \_\_\_\_\_

REFERENCES: List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years Known

EMPLOYMENT: List last employment first. Include summer or temporary jobs. Be sure all of your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address	Position Title / Duties Skills	Dates Employed	
		From	To
		Reason for leaving	
Supervisor's Name: _____ Telephone: _____			

Employer Name and Address	Position Title / Duties Skills	Dates Employed	
		From	To
		Reason for leaving	
Supervisor's Name: _____ Telephone: _____			

EMPLOYMENT CONTINUED.

Employer Name and Address	Position Title / Duties Skills	Dates Employed	
		From	To
		Reason for leaving	
	Supervisor's Name:	Telephone:	

Employer Name and Address	Position Title / Duties Skills	Dates Employed	
		From	To
		Reason for leaving	
	Supervisor's Name:	Telephone:	

Summarize other employment related to this job: \_\_\_\_\_

Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair: \_\_\_\_\_

Typing speed: \_\_\_\_\_ per minute

Professional Licenses, Certifications or Registrations: \_\_\_\_\_

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention: \_\_\_\_\_

Information to the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the U.S., have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national original, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Employer Section: